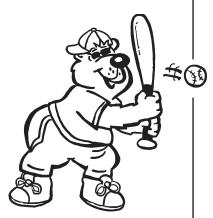
ELK GROVE COMMUNITY SERVICES DISTRICT PARKS & RECREATION DEPARTMENT







We Need You!

Coaches:

- 150 volunteer coaches needed
- training provided
- 2-3 hours/week commitment
- 1 practice & 1 game per week

Team Sponsors:

Here is a great opportunity to promote your business name, community group or show your individual support in the community. You can sponsor a T-Ball team for \$150. This includes your name, logo and phone number printed on the team shirts and a framed team photo. Call 405-5300 to request a sponsor form.

If you are interested in leagues for girls only T-Ball, call Elk Grove Girls Softball at 714-3399.

For <u>competitive baseball</u>, call *Cal* Ripken baseball at 685-6665 (voice mail).

The Program

T-Ball teaches boys and girls the fundamentals of baseball, good sportsmanship and team work all in a fun, non-competitive way. Boys and girls play on the same teams. Teams are *often* made up of kids from the same school. Practices begin in March with locations, day and time determined by the coach. The T-Ball Tribune, detailing photo day, important dates, team assignments, etc., will be available in the office upon registration. In this league, all players field and bat each inning and no score or outs are kept.

Ages:

Must be 4 by March 1, 2006, Cannot be 8 before August 1, 2006 2 divisions: • 4-5 yr olds (for the beginner) • 6-7 yr olds

Three locations for your convenience

Locations:

<u>East of 99</u> - Strong Park *OR* <u>Laguna West</u> - Johnson Park *OR* <u>Laguna</u> - Laguna Community Park

Dates: Picture Day - March 4, 2006 Practice - March 11, 2006

• Games - March 18, 25, April 1, 8, 22, 29, May 13, 20 (no games 4/15, May 6)

Times:

Between 9 am to 3 pm - Saturdays

- · Game times will vary each week
- · Practice times to be scheduled by team coach

Registration:

In order to participate and be placed on a team, all participants must have complete registration and emergency information form on file.

Mail in and fax registration accepted (please include Visa or Mastercard with faxed registration). No phone-in registration accepted.

Early Registration • \$65 per player:

November 1-30*, 2005 *Office closed November 11, 24, 25

Regular Registration • \$75 per player:

December 1, 2005-January 21*, 2006 *Office closed December 23, 30 (noon-5 pm).

Beginning January 30 a waiting list will be formed. If space becomes available, the late registration fee will be \$85 per player.

M-F, 8 am - 8 pm and Sat 8 am - 1 pm:

Wackford Community Complex, 9014 Bruceville Rd., 405-5600,

M-F, 8 am - 4 pm:

Parks and Recreation Admin Office, 8820 Elk Grove Blvd., Ste. 3, 405-5300, or Laguna Town Hall, 3020 Renwick Ave., 684-7550

For additional information or for an application, call Elk Grove Parks and Recreation at 405-5600, 405-5300 or 684-7550 www.egcsd.ca.gov



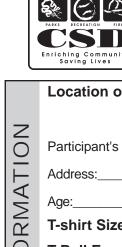
Signature

Elk Grove CSD Parks & Recreation Department 2006 T-BALL COACH APPLICATION

Please complete and return this application by *Friday, January 6, 2006*Return: EGCSD Parks and Recreation, Wackford Community Complex, 9014 Bruceville Rd., 405-5600

	East of 99 (Strong Park) Laguna (Laguna Community Park) Laguna West (Johnson Park)	☐ (4-5 yr olds) ☐ (6-7 yr olds) ☐ (4-5 yr olds) ☐ (6-7 yr olds)	propriate box):		
Nai	medress	City			
	y Phone E	•	•		
You	ur Shirt Size: Adult: 🗆 L(42-44) 🗀 XL(46-48	3)			
 3. 4. 	Were you certified in our NYSCA training for T-Ball Are you currently NYSCA certified in another sport? Name of your child or child whose team you want to Site where you would like to coach Strong Park (East Your availability during the 2006 T-Ball season:	? If so, which sport(s)? _ coach			
	Weekday practices/games: ☐ Always available	Usually available	ole- Times		
	Saturday Games: Always available	Usually available	ole- Times		
6.	Desired Position: ☐ Head Coach ☐ Assistant Previous Coaching Experience:				
7.	☐ T-Ball (please list which seasons) ☐ Other Coaching (please describe) ☐ Convictions Conviction of a crime is not necessal considered separately. Have you ever been convicted Omit: Minor traffic violations; any offense committed cated in a Juvenile Court or under a youth offender Code #781 or Penal Code #1203.45. If Yes, state	arily a bar to involvemented by any court of an offer different to your 18th birthous law; any incident sealed	nt in our program. Each case is ense?		
8. 9.	All coaches will be fingerprinted. When you turn in your application, please ask for form to get fingerprinted free of charge. Please list two references we can contact other than relatives:				
0.	Name	Phone	Relationship		
10.	Training All coaches <u>ARE REQUIRED</u> to attend of CSD Wackford Community & Aquatic Complex. The the T-Ball program, meet your fellow coaches, improgram, and share and receive words of wisdom for the check below the training clinic you will attend.	e clinic provides an opport prove your coaching skills rom experienced coache	tunity to get more information on s through the NYSCA coaching s.		
	Saturday January 28, 2006 9:00 am-1:00 pm	Saturday Febru 9:00 am-1:0			
	first year coach second or third year coach	first year coach	I		
Sig	nature of Applicant My signature affirms that all inform	mation is true to the best of n	ny knowledge.		

Today's Date



Elk Grove CSD Parks & Recreation Department

T-Ball Registration and Medical Form

Init.		
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Z	· ·	Laguna (Laguna Community Park) Laguna West (Johnson Park)	☐ # 6601 (4-5 yr olds)	☐ # 6604 (6-7 yr olds)	
0	Participant's Name:			Sex:	
E	Address:		City:	Zip:	
RMA	Age:Birthdate:_	School		Grade	
N N	T-shirt Size: You	School uth Medium	other		
NFO	T-Ball Experience: no experience 1 tyr. experience 1 tyr. experience 1 tyr. experience 2 tyr. experience 3 tyr. experience 4 tyr. experience 5 tyr. experience 6 tyr. experience 6 tyr. experience 7 tyr. experience 7 tyr. experience 8 tyr. experience 9 tyr. experience 1 tyr. experience 9 tyr. experien				
_ Z	Yes, I want to be a	T-Ball Coach. I may want to coach.	Send details. I may wa	ant to sponsor a team. Send details.	
REGISTRATION	Payment Type:VISA	cone)	Card #		
	activity, are not responsible for from the activity designated Participant is under age 18] are any and all claims, losses, inj designated in this registration	ement Gervices District (hereinafter the "Elk Grove CSD"), or any claim, loss, injury(ies), liability or damages whice in this registration. Further, throughout the term of grees to defend, indemnify and hold harmless the Elk juries, liability or damages, including the payment of an Additionally, the Participant [or Participant's parent ties, activities and Participant for potential future use	ch may be suffered by the Participa f this Agreement, Participant [or k Grove CSD, its officers, trustees, attorneys' fees, arising out of or it t or legal guardian, if Participant is	ant while traveling to, during, or returning Participant's parent or legal guardian, if agents and employees from and against resulting from participation in the activity under age 18] grants the Elk Grove CSD	
	<u></u>	Signature of Parent	or Guardian (over age	18) Date	
	Parent's Name(s):	<u> </u>		18) Date	
Z					
NOI.	Phone # Mother (Home):	<u> </u>	(Cell):	(Pgr):	
	Phone # Mother (Home):_ Phone # Father (Home):_	(Work):	(Cell):(Cell):	(Pgr):	
	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r	(Work):(Work):	(Cell): _(Cell): !ONE):	(Pgr): (Pgr):	
RMATION	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r	(Work): (Work): restrictions, medications, etc. <u>(or indicate N</u>	(Cell): _(Cell): !ONE):	(Pgr): (Pgr):	
ORMAT	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r What was the approximat Name of Physician:	(Work): (Work): restrictions, medications, etc. <u>(or indicate N</u>	(Cell): _(Cell): !ONE):	(Pgr): (Pgr):	
ORMAT	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r What was the approximat Name of Physician: Address:	(Work):(Work): _(Work): restrictions, medications, etc. <u>(or indicate N</u> te date of last Tetanus Booster?:	(Cell): (Cell): !ONE):	(Pgr): (Pgr):	
INFORMAT	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r What was the approximat Name of Physician: Address: Phone: Person to contact in	(Work): (Work): restrictions, medications, etc. <u>(or indicate N</u> te date of last Tetanus Booster?:	(Cell):(Cell):(ONE):	(Pgr):(Pgr):	
CY INFORMAT	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r What was the approximat Name of Physician: Address: Phone:	(Work):(Work):(Work):	(Cell):(Cell):(ONE):	(Pgr):(Pgr):	
Y INFORMAT	Phone # Mother (Home): Phone # Father (Home): List any allergies, dietary r What was the approximat Name of Physician: Address: Phone: Person to contact in Case of Emergency Other than Parents: As the parent/guardian of the to the examination, administe the State of California pursual treatment or hospital care be diagnosis, treatment or hosp	(Work):(Work):(Work):restrictions, medications, etc. <u>(or indicate Note and the second sec</u>	(Cell):(Cell):(Cell):	me:magent for the purpose of consenting by any physician or surgeon licensed by any physician or surgeon licensed by any advance of any specified diagnosis, give specific consent to any and all such	



Elk Grove CSD Parks & Recreation Department

Parents' Code of Ethics

- I (we) hereby pledge to provide positive support, care, and encouragement for my (our) children participating in youth sports by following the Parents' Code of Ethics.
- I (we) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sport events.
- I (we) will place the emotional and physical well being of my (our) children ahead of my personal desire to win.
- I (we) will insist that my (our) children play in a safe and healthy environment.
- I (we) will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I (we) will demand a sports environment for my (our) children that is free from drugs, tobacco, and alcohol and refrain from their use at all youth sport events.
- I (we) will remember that the game is for youth not the adult.
- I (we) will do our best to make youth sports fun for my (our) children.
- I (we) will ask my (our) children to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I (we) promise to help my (our) children enjoy the youth sports experience by doing whatever I
 (we) can, such as being a respectable fan, assisting with coaching, abiding by league rules, or
 assisting with the league activities.
- I (we) will expect that my (our) children's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I (we) hereby acknowledge that I (we) have read and understand the above and agree to be held bound by the Parents' Code of Ethics. If I (we) fail to act as described in the Parents' Code of Ethics, I (we) fully understand that my (our) children and I (ourselves) can be asked to leave the Elk Grove CSD Parks & Recreation programs.

Print Parent(s) or Guardian(s) Name(s)	Date	
Print Parent(s) or Guardian(s) Name(s)	 Date	



Coach's name_

Elk Grove CSD Parks & Recreation Department

T-Ball Special Requests Form

Please check appropriate box:
I would like my child to play on the same team as another participant.*
Your child's name
Other participant's name
Other participant's name
Other participant's name
Participants must be signed up to play at the same location for requests to be considered.
I would like my child to play for a specific coach.*
Your child's name

Disclaimer: EGCSD will do its best to ensure your request is granted, however requests cannot be guaranteed.

No phone requests will be allowed.

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PRSRT STD U.S. Postage PAID Elk Grove, CA Permit 84

Elk Grove CSD 9014 Bruceville Road Elk Grove, CA 95758



^{*}Coach must be signed up to coach at the same location for requests to be considered.